

CITY OF FOSTORIA ZONING CERTIFICATE APPLICATION

OWNER NAME: _____

OWNER ADDRESS: _____

LOCATION ADDRESS: _____

TELEPHONE NUMBER: _____

CONTRACTOR / ARCHITECT: _____

CONTRACTOR ADDRESS: _____

PROPOSED USE:

<input type="checkbox"/> Single Family Residence _____ sq ft	<input type="checkbox"/> Change in Use
<input type="checkbox"/> Two Family Residence _____ sq ft	<input type="checkbox"/> Driveway/Parking Lot
<input type="checkbox"/> Multiple Family _____ units _____ floors	<input type="checkbox"/> Concrete or Block Patio
<input type="checkbox"/> Commercial _____ floors _____ sq ft	<input type="checkbox"/> Uncovered Wood Deck
<input type="checkbox"/> Accessory building / use _____ sq ft	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Curb Cut _____ linear ft	<input type="checkbox"/> Swimming Pool/ Fence Combo
<input type="checkbox"/> Alteration (Roof Peak, porch enclosure, or garage to room)	<input type="checkbox"/> Fence
<input type="checkbox"/> Conversions (Modification to increase the # of units or rooms)	<input type="checkbox"/> Addition _____ sq ft
<input type="checkbox"/> Sidewalk New / Replacement Please Circle	<input type="checkbox"/> Street Opening
<input type="checkbox"/> Sign New _____ sq ft	<input type="checkbox"/> Addition to Accessory Building
<input type="checkbox"/> Sign Face Replacement _____	<input type="checkbox"/> Other _____

Specify

PLAN REVIEWS FOR COMMERCIAL: YOU MUST HAVE APPROVAL FROM ALL THREE DEPTS

Engineering _____

Fire Department _____

Zoning Department _____

Site Plan Review _____ Case No. _____

Board of Zoning Appeals _____ Case No. _____

Construction to Begin: _____

Expected Completion: _____

Approximate Value \$ _____

ATTACH SKETCH (3 Copies) OF PROPOSED IMPROVEMENT,

- * Sketch must be on 8 1/2 x 11 Paper at a minimum
- * Sketch must show lot lines, dimensions, existing structures and area.
- * Sketch must show location of proposed building or improvement with exterior dimensions, distances to lot lines, drives and parking areas. Show any building overhangs or projections, signs, and fences.
- * Sketch must show location, dimensions and capacity of off-street parking areas, drives, driveways and loading areas.

THE ZONING CERTIFICATE CANNOT BE REVIEWED WITHOUT PAYMENT OR PLANS SUBMITTED

OWNERS CERTIFICATION

I HEREBY DECLARE that the above and attached information is correct and accurate and that the building and/or land will be constructed or used as stated herein.

Signed: _____

Address: _____

DATE FILED: _____ FEE _____ RECEIPT NO. _____

CERTIFICATE NO. _____